

Administrative - Internal Use Only
Release 2001/05/23: CIA-RDP80-00473A000300080005-0

15 August 1977

MEMORANDUM FOR: Director of Personnel

FROM: [REDACTED], M. D.
Director of Medical Services

SUBJECT: Recommendations Concerning Agency Program
for the Prevention and Treatment of
Alcoholism

1. Following the meeting in your office with [REDACTED] and myself, further review of the Agency program and OMS' role in it has been completed.

2. At this time it is our view that the addition of personnel, such as a counselor, should be deferred for at least a year at which time this topic and the accomplishments during that time should again be reviewed. There are positive steps that should be taken now however to strengthen the program.

These suggested steps are as follows:

a. A brief policy statement by the DCI affirming his interest in this topic and reaffirming the Agency efforts, as outlined in HR [REDACTED]. Emphasis should be placed on the goal of rehabilitation.

b. An announcement which would publicize the availability of the in-house volunteer Alcoholics Anonymous group for individual participation in addition to other ongoing approaches aimed at rehabilitation. (The principal individuals involved in this group have, at my request, been

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queried by [REDACTED] about such public announcement. They are in agreement with such announcement but would like [REDACTED] to be the referral point with their identity remaining anonymous to the general Agency populace. I have no problem with that arrangement and neither does [REDACTED] Other agencies (see attachment) apparently have publicized the existence of in-house Alcoholics Anonymous groups and meetings. STATINTL

c. An expanded educational effort particularly directed at supervisors under the auspices of the Office of Personnel but supported by OMS using available film, guest lectures, etc.

3. It would seem to me that with the program outlined above and the experience gained from it over a period of at least six and perhaps as long as twelve months, we would be in a much better position to judge the need for additional personnel such as a counselor. I believe the willingness of the in-house Alcoholics Anonymous group to permit public announcement of their availability and the willingness of the Agency to acknowledge their existence and role is a significant positive step to strengthen the program. It may be that at a later date some Alcoholics Anonymous members would be willing to participate in the educational program under certain circumstances.

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Att

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OCCUPATIONAL HEALTH REPORTER

THE NEWSLETTER OF FEDERAL
EMPLOYEES OCCUPATIONAL
HEALTH PROGRAM

Volume 8, Number 7

July 1977

CSC Testifies on Alcoholism Program at Senate Hearings

On May 18 and 19, 1977, the Senate Subcommittee on Alcoholism and Drug Abuse conducted hearings on occupational alcoholism programs and proposed legislation S.1107. The proposed legislation would authorize funds for public and private sector employers to encourage the development of occupational alcoholism programs.

Those called to testify included HEW, Postal Service, the CSC, the Alcohol and Drug Problems Association, the National Council on Alcoholism and other representatives from the public and private sectors. Mr. George J. McQuoid, Deputy Executive Director of the U. S. Civil Service Commission reported on the progress of Federal agencies in developing occupational alcoholism programs for their employees. Mr. McQuoid's statement to Senator Hathaway, the Subcommittee Chairman, described the efforts to date as "... a good beginning in dealing with a difficult problem area." He provided the Subcommittee with a review of agency counseling activity during the first four years of program operation (FY 72 through 75). Agency coordinators reported counseling 21,500 employees with alcohol problems. When tabulation of the FY 76 data is completed, the figure is expected to exceed 30,000.

Mr. McQuoid also noted that the actual number of employees impacted may total as much as 60,000 or approximately 3% of the Federal work force. He cited Professor Harrison Trice's research that significant numbers of Federal employees with alcohol problems are being counseled and referred by supervisors, medical



Mr. George J. McQuoid, Deputy Executive Director of the U.S. Civil Service Commission.

personnel or union representatives and hence are not reported to the Commission by agency coordinators. He also noted that an unknown number of employees are seeking help on their own as a result of agency educational efforts. Agencies are also counseling employees with alcoholic family members. In summarizing the forgoing points, Mr. McQuoid stated that the Commission "considers this an indication of increasing agency interest and concern".

The prepared statement noted that much still remains to be done. The FY 75 installation counseling reports showed that about 62% of the locations representing less than 25% of the Federal employees (small installations for the most part) reported no counseling during that one year period. Mr. McQuoid did cite the establishment of two consortia type programs in Boston, MA. and Austin, TX. as an encouraging approach for the development of programs for small installations located in the same geographic area. The Office of Management and Budget has endorsed this effort.

Mr. McQuoid also identified the following areas which require increased CSC and agency efforts:

Continued page 2, top left column

—receptivity on the part of installation heads and supervisors. The Trice research and GAO testimony at House hearings in June 1976, reported that many installation heads and supervisors remain unconvinced about the need for the programs.

—the importance of union involvement. When union interest and involvement increases there is a corresponding increase in supervisory usage of the program.

—the role of the coordinators. Research indicates that many coordinators are untrained and have insufficient time to accomplish the necessary tasks.

The CSC and all of the other witnesses at the hearings described occupational alcoholism programs as necessary and highly useful in identifying alcoholic people at earlier stages.

A "Double - Martini" Lunch

"For me, that meeting was like a double martini lunch!" The speaker was an exuberant Alcoholics Anonymous member after a recent noontime gathering in a Washington, D.C. Federal building. Neither the comment nor the locale was unusual, as AA groups in increasing numbers take root and flourish in the unfamiliar but friendly soil of government agencies. The remark, of course, was meant to emphasize the psychological support provided to recovering alcoholic workers by work-place A.A. meetings. The simile falls short, however, for the "boost" is provided without the "let down".

Until recently, such meetings were rare and usually unpublicized. The stigma attached to alcoholism, coupled with a fear of damaged careers, discouraged all but the most adamant. It was accepted wisdom that alcoholic workers would not attend A.A. meetings at their place of employment. The "Hughes Act" (PL 91-616) and subsequent Civil Service Commission actions (accepting alcoholism as a disease, prohibiting discrimination in employment, and requiring that

agencies develop and maintain "prevention, treatment and rehabilitation programs and services" for their alcoholic employees) have had a perceptible impact in altering these attitudes. One of the results has been a proliferation of visible and highly successful A.A. groups in a wide range of Federal agencies.

According to Don Phillips, Alcoholism/Drug Abuse Program Manager, U.S. Civil Service Commission, A.A. groups, conducting more than 20 meetings a week, are now established in at least 12 departments and agencies in the metropolitan area. Groups are planned in several others. In addition, the Government Printing Office, as a part of its alcoholism program, conducts daily group meetings which, while not technically A.A., are frequently conducted by A.A. members, using an A.A. format. "I've been personally pleased," said Mr. Phillips, "with the way management in the Federal agencies has cooperated with A.A. and endorsed the idea."

While admissions policies differ from agency to agency, almost all meetings are open to anyone holding a Federal identification pass and willing to state his or her destination. Most are open to the public at large (although "Closed" meetings are restricted to persons with an alcohol problem). The Civil Service Commission does not have a complete list of all A.A. meetings in Federal agencies, and would appreciate hearing about those it is unaware of (Call Art Purvis on 632-7672). Those it is aware of are at the following agencies: Agriculture, Army, Commerce, Civil Service Commission, Health, Education and Welfare, Interstate Commerce Commission, Interior, Labor, Library of Congress, Navy, State Department and Treasury. Further information about these meetings and how to start new ones can be obtained from the Civil Service Commission at the above number, or by writing to:

Mr. Donald Phillips
Alcoholism/Drug Abuse Program Manager
USCSC, Room 3468
1900 E. St. NW
Washington, D.C. 20415

Available Films

The use of films on alcoholism and drug abuse can be a useful supplement to supervisory training courses and special educational programs for employees. The CSC central office and regional offices are offering as a service their films to agency health or training personnel. The films are available for that region *only*.

Central Office (Washington Metropolitan area only)
Father Martin's Chalk Talk (General Audience)
The Dryden File (White Collar - Supervisory Training)
Weber's Choice (Blue Collar - Supervisory Training)
Alcoholism: The Bottom Line (Supervisory Training)
Living Sober: The Class of '76 (General Audience)
Walter Fish (General Audience)
America on the Rocks (General Audience)
Alcohol, Drugs, and Alternatives (General Audience)
US (General Audience)
Need for Decision (Supervisory Training)

Boston
Chalk Talk

New York
America on the Rocks
Chalk Talk
Dryden File
Remember My Name (General Audience)

Philadelphia
Alcoholism: The Bottom Line
America on the Rocks
Chalk Talk
Dryden File

Atlanta
None Available

Chicago
Chalk Talk
Dryden File

St. Louis
None Available

Dallas
Chalk Talk
Dryden File

Denver
America on the Rocks
Alcoholism
LSD: Insight or Insanity? (General Audience)

San Francisco
Alcoholism: The Bottom Line
America on the Rocks
Dryden File
Weber's Choice
Medical Aspects of Alcoholism (For those in the alcoholism field or other trained audiences)
The Other Guy Parts 1 & 2 (General Audiences)

Seattle
America on the Rocks
Chalk Talk

IRS Unit Provides Comprehensive Services



Blood testing is one service offered by the IRS unit.

The Internal Revenue Service Center in Philadelphia has developed and is currently operating one of the more comprehensive agency operated health units in the Philadelphia Region. The facility, which includes nine treatment rooms and three offices, provides health services for 3209 employees. It is operated by three full-time nurses, a laboratory technician, and a part-time physician who is on duty four hours per day, four days per week. Also, whenever the employed population on the night shift is over 300 employees, a night shift nurse is assigned to cover this tour of duty.

Besides the normal range of services provided by health units such as emergency care, referrals, and treatments requested by private physicians, the facility also provides physical examinations to employees 35 years old or older. Other services provided by the facility include glaucoma testing, diabetes screening, hypertension screening, tuberculosis testing, and immunizations. Since the Center has its own laboratory, the results of these screenings are quickly available to the employees. The unit also schedules blood donations with the help of a mini computer. The unit staff also conducts a first aid course.

Ms. Elsie Weiss, Chief Nurse of the unit, says that the employees are well aware of the services the unit provides and they frequently utilize these services. During the past year alone, 22,863 employee visits were made to the health unit.

Both the medical and administrative staff are quite proud of their health unit. The health unit is primarily interested in preventive medicine which detects medical abnormalities early in order that the employee can be referred for treatments in time to alleviate extended illnesses. The primary objective of the IRS medical staff is to provide quality service for their employees.

Latest Developments in Alcoholism and Drug Abuse



Photo courtesy of the Drug Enforcement Administration.

Recent agency and Commission activities point to an ever increasing interest in the development of more effective agency alcoholism and drug abuse programs.

—Program reviews have been completed at the headquarters of the forty largest Federal agencies. Using the FY 75 installation counseling reports as a basis for discussion. Commission officials reviewed program results and problem areas with agency personnel. Letters back to the agencies summarized the meetings and also made recommendations for program improvements.

—Air Force is completing five regional workshops for over 300 civilian personnelists and social action personnel in which Commission and Air Force personnel have reviewed AF installation actions required to mount more effective programs.

—In April, Army conducted a one week training conference for 125 civilian program coordinators. A Commission official reported on Army counseling results as they compared to government wide statistics.

—NASA announced its new Employee Assistance program which will be located in installation medical departments. NASA medical personnel were briefed extensively on their new responsibilities at their annual conference held in May.

—More than 20 Federal agencies in the Washington area now host noon time A.A. meetings (see article in this issue).

—Agency representatives, under the aegis of the FEB, have received extensive briefings in New York, Dallas-Fort Worth, Denver and Seattle.

—HUD conducted a full-day session at its Columbia, Maryland training center on its new employee counseling program. In attendance were labor and employee relations specialists from all regions.

I would appreciate being placed on the regular Occupational Health Reporter mailing list.

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Occupational Health Reporter
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Washington, D.C. 20415



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Mr. Malanick:

In addition the DCI policy statement,

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[REDACTED] also suggested a Note from the
Director be prepared detailing the new thrust
of the program, AA volunteers, etc." Was OMS

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Policy Statement Concerning the Agency's Alcohol Program

FROM:

Director of Medical Services
Room 1D4061 Headquarters

CMB

EXTENSION

7711

NO.

DDA 77-4896; ExReg 77-8778/1

DATE

30 September 1977

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. Acting Deputy Director
for Administration
Room 7D-18 Headquarters

3 OCT 1977

6

2.

3. Acting Deputy Director
of Central Intelligence
Room 7E-12 Headquarters

DD/A Registry
Jack: File Oct 1-2
"We'll have a note" prepared on this also.
Mike

5. [REDACTED]
Special Assistant to
the Director

6. Room 7E-12 Headquarters

7.

8.

9.

10.

11.

12.

13.

14.

15.

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FORM 3-62 610 USE PREVIOUS EDITIONS ☐ SECRET ☐ CONFIDENTIAL ☐ INTERNAL USE ONLY ☒ UNCLASSIFIED

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ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Executive Registry

77-8778

FROM:

Director of Personnel
5 E 58 HQ

EXTENSION

NO.

DATE

19 AUG 1977

STATINTO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

RECEIVED

FORWARDED

USN

Special Assistant to the
Director

8/23

69

2. 7E 12 HQ

Unless you have some
objections, I intend to proceed
with [redacted] restatements.
[redacted] STATINTL

3.

4. AD/Personnel

25 AUG 1977

F. W. M. Janney

5. Director of Personnel - [redacted] is working
on page 29 AUG 1977

No objection.
Recommend a Director's
Note be prepared
detailing the new
 thrust of the program,
AA volunteers, etc.
Then the DCI policy
statement and the
Note will replace
one another.

6.

7. Chief SAS/OP

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Policy Statement Concerning the
Agency's Alcohol Program

Alcoholism is an endemic disease that will affect five to ten percent of American adults at some time in their lives. This rate appears to hold true for the Agency population. Alcoholism is a disease that can be treated successfully.

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The Agency's Program for the Prevention and Treatment of Alcoholism is set forth in Headquarters Regulation 

I urge all employees to reread that Regulation.

I fully endorse a program which provides that an employee with an alcohol problem will receive the same consideration and assistance that is extended within the Agency's official capabilities for any other illness or health problem as long as that employee is willing to recognize that he or she has such a problem and wishes to engage in rehabilitation.

An employee's decision to drink or not to drink is a personal one. However, at such time as the use of alcohol interferes, directly or indirectly, with job performance, your Agency will take action aimed at rehabilitation.

An employee may seek confidential counseling with the Office of Medical Services without prejudice to his career and without reports to his supervisor, although he will need to demonstrate adequate recovery before he can be assigned overseas.